Performance

Report

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| Name of service: | Performance report date: |
| Northridge Salem | 24 October 2022 |
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| Approved provider: | Activity date: |
| Lutheran Church of Australia - Queensland District | 26 September 2022 to 28 September 2022 |

This Performance Report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Northridge Salem (**the service**) has been considered by Alice Redden, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the Assessment Team’s report for the site audit, the site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the Assessment Team’s report received 18 October 2022.

# Assessment summary

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

## Findings

Consumers considered the service supported them to make informed choices to live the life of their choosing. Consumers said staff treated them with dignity and respect, and valued their identity, culture, and diversity. Care planning documentation contained strategies and supports to guide staff in the delivery of appropriate care and services, with respect to consumers’ culture and diversity. Observations and consumer feedback confirmed care and services were delivered in a culturally safe manner.

Consumers said they were supported to make decisions about their care, how care should be delivered, and who should be involved. Staff and consumer feedback demonstrated the service supported consumers to maintain relationships of choice within and outside the service.

Consumers considered they were supported to take risks to enable them to live their best life, and confirmed they understood the risks involved. Care plans demonstrated consumers were supported through evidence based risk assessment and mitigation strategies, to enable consumers to live their life in accordance with their needs, goals, and preferences.

The service demonstrated information was communicated to consumers in way that supported diverse needs and helped consumers make decisions. Some of the strategies described by staff, and observed were: live announcements over the internal speaker, face to face feedback, non-verbal ques, care plans, meetings, and various informational material such as brochures and posters. Consumers described how they were supported to make informed choices through the communication of clear information, such as choosing a meal from the menu. Staff explained how they assisted consumers with sensory and communication barriers understand information in a clear manner, for example, speaking to consumers at an appropriate volume.

Consumers said the service was considerate of their privacy, and did not express any concerns about the confidentiality of their personal information. Staff described ways they upheld consumers privacy and maintained confidentiality of information, which was consistent with the service’s policies.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

## Findings

Consumers confirmed they were involved in the ongoing assessment and planning of their care and services, to optimise their health and well-being. Care plans demonstrated assessment and planning considered risks to consumers’ health and well-being, to inform the delivery of safe and effective care and services. Consumers were supported by a multidisciplinary team of medical professionals and other providers of care and services to best support their needs, as confirmed by care plans, consumer, and staff feedback.

Staff explained advance care directives and end of life wishes were discussed upon admission to the service, and as needs changed. Care planning documentation demonstrated consumers current needs and goals, advance care and end of life directives were considered and addressed. Representatives confirmed the service had spoken to them about consumers’ end of life planning, and discussed ways to support the consumer’s values, preferences, and needs.

Consumers reflected they were involved in the ongoing assessment and planning of their care and services. Care plans confirmed ongoing consumer involvement in the assessment and planning of care and services, and inclusion of other organisations, individuals, and providers of other care and services.

Consumers and representatives said staff talked to them about the consumer’s care plan, and clearly communicated the outcomes of assessment and planning. Staff explained they communicated any changes to care plans with consumers and representatives in person, over the telephone or email, and provided a copy of the care plan as requested.

Staff said, and care plans demonstrated care and services were reviewed every three months, or when circumstances changed, to ensure the care and services were effectively meeting consumers needs.

# Standard 3

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| Personal care and clinical care | | Compliant |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

## Findings

Consumers said they received personal and clinical care which was safe and right for their needs. Consumer, representative, and staff feedback reflected consumers received safe and effective personal and clinical care, which was best practice and tailored to needs, to optimise consumers’ health and well-being. Care plan assessments, progress notes, medication and monitoring charts evidenced consumers received safe and effective care, tailored to specific needs and preferences.

The service demonstrated high prevalent, high impact risk was effectively managed through: evidence based assessments and tools, referrals, clinical data trending and monitoring, and implementation of risk management strategies.

Management and staff identified high impact and high prevalence risks to consumers at the service, and ways they mitigated risks. Some of the risk mitigation strategies outlined by staff included: frequent visual observations, sensor mats, diversion and communication strategies to manage behaviours, pressure relieving equipment, frequent repositioning and moisturising to promote skin integrity, therapeutic massage, and pain medication. Care plans confirmed clinical risks associated with the care for each consumer such as falls, skin integrity, pain, and restrictive practices were effectively managed through evidence-based assessment and planning, and implementation of risk mitigation strategies.

Staff explained how care and services changed for consumers nearing end of life, such as reviewing end of life planning documentation, supporting regular visitors, and looking after care needs such as repositioning, monitoring skin integrity and pain management. Care planning documentation confirmed consumers received end of life care in line with their wishes, and contained information consistent with staff feedback.

The service demonstrated changes to consumers capacity or condition was responded to in a timely manner through the service’s risk management system. Staff demonstrated knowledge of how to identify deterioration or changes to a consumers condition, such as looking out for changes in mobility, appetite, weight loss, disinterest in activities, and changes in mood and behaviour. Staff explained deterioration was monitored and discussed through handovers, staff meetings, medical officer review, and hospital transfers would be undertaken as necessary. Clinical records confirmed consumers were regularly reviewed and monitored by registered nurses, and changes were recognised and responded to in a timely manner.

Progress notes, handover sheets, care plans, and staff feedback demonstrated information about the consumer’s condition, needs and preferences were documented, and communicated within the service, and with others responsible for care. Consumers said staff knew what their care needs were and did not need to repeat themselves to staff, indicative of information being clearly communicated and shared within the service to guide staff in the delivery of safe and effective care and services.

Care plans, progress notes, consumer and representative feedback evidenced referrals were completed in a timely and appropriate manner for medical officers, allied health professionals, and other providers of care as required.

The service’s policies and procedures supported the minimisation of infection related risks, and were implemented into daily practice by staff, as evidenced through observations, clinical records, consumer and representative feedback. The service demonstrated preparedness in the event of an infectious outbreak, such as COVID-19, through an outbreak management plan. Consumers and representatives said they see staff using personal protective equipment and washing their hands frequently, indicative of staff following the service’s policies and procedures to minimise infection related risks. Management explained they used monitoring tools, monthly reporting and medication advisory meetings to maintain oversight and benchmark antibiotic usage.

# Standard 4

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| Services and supports for daily living | | Compliant |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

## Findings

Consumers said they received safe and effective services and supports for daily living, which was important for their health and well-being, and enabled them to do the things they wanted to do.

Staff demonstrated knowledge of how they would support consumers preferences, personal interests, and spiritual needs, which aligned with information in consumers care plans. Staff said they ensured lifestyle care and services catered to consumers varying abilities , and would support consumers to undertake activities as per the directives set out in care plans. For example, staff explained and observations confirmed, if a consumer with mobility considerations wished to participate in an activity, they would take the consumer to the activity in their flotation regency chair, in accordance with their mobility plan.

Staff explained they were familiar with consumers, and if they noticed a consumer experiencing low mood, they would engage the consumer in conversation and offer them something they know they will enjoy, such as a cup of tea. Consumers confirmed staff noticed if they were experiencing low mood, and provided them emotional support by engaging them in conversation, and helping them keep in touch with family and friends. Staff said they supported consumers diverse psychological and spiritual needs through one to one support, weekly church services, and visits from the chaplain.

The service’s activity calendar demonstrated there were various activities and hobbies to meet consumers diverse interests such as: exercise groups, bus trips, painting and craft, bingo, trivia, worship group, armchair travel, entertainers, pampering sessions, and cooking.

Consumers said they received services and support that helped them to participate in their communities within and outside the service, maintain social and personal relationships, and do things of interest to them. Care plans aligned with information received by consumers and representatives.

Staff explained information about consumers’ needs was communicated through verbal and documented handover processes, recording information in the service’s electronic records management system, and through referrals. Care planning documentation confirmed referrals for daily living supports and services were completed in a timely and appropriate manner.

Overall, consumers reflected meals were of a varied, suitable quality and quantity. Consumers stated if they did not like the meal choices on the menu, they were able to request an alternative. Staff said the menu was tailored to consumers needs and preferences based on consumer feedback and review and approval by a dietician. Staff were able to demonstrate knowledge of consumers dietary requirements, which aligned with information in consumers’ dietary assessments.

Staff reflected they had well maintained equipment to support lifestyle services, and cleaned shared equipment between use. A maintaince audit report and staff feedback about the service’s maintenance processes confirmed equipment was well maintained to meet the needs of consumers.

# Standard 5

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| Organisation’s service environment | | Compliant |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

## Findings

Consumers and representatives said the service environment felt welcoming, safe, comfortable, and easy to understand and navigate. The service environment was observed to be welcoming, and allowed for easy access throughout the service, with dementia enabling principles of design such as neutral coloured walls and clear signage. Consumers’ rooms were observed to be personalised with photographs, decorations and items of importance on display, supporting consumers sense of belonging. Consumers were observed to be freely moving about the service environment, indoors and outdoors, with ease.

The service’s maintenance register and staff feedback about maintenance processes demonstrated the service had effective systems in place to ensure the service environment was safe, well maintained and comfortable. Consumers and representatives said the service environment was cleaned to a satisfactory standard and were confident staff knew what to do to keep the environment well maintained. Cleaning staff explained they followed a cleaning schedule and completed checklists to ensure the service environment was clean, as confirmed by observations.

Consumers were observed using a range of equipment aids, such as walking frames, wheelchairs, and comfort chairs that were checked, cleaned, and maintained regularly as confirmed by staff feedback, cleaning and maintenance documentation. Furniture and fittings were observed to be well maintained and cleaned.

# Standard 6

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| Feedback and complaints | | Compliant |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

## Findings

Consumers and representatives said they were supported to provide feedback and complaints, and were engaged in processes to ensure appropriate action was taken, as evidenced through complaints and serious incident response scheme (SIRS) documentation. Consumers explained the ways they provided feedback and complaints, such as: direct feedback to staff, feedback forms, or at consumer meetings, which aligned with staff feedback. Informational material, such as posters and brochures, about complaints and feedback processes were observed throughout the service environment to support consumers with complaints and advocacy options.

Consumers and representatives confirmed they were aware of, and had access to advocates, language services, and other ways of making and resolving complaints, such as the Aged Care Quality and Safety Commission (the Commission). Management and staff said if consumers required language services, translator services were available.

Consumers and representatives confirmed staff responded to feedback and complaints in an appropriate manner when things went wrong, as evidenced in the service’s feedback and complaints register. The feedback and complaints register, and SIRS documentation demonstrated staff responded to complaints and incidents using open disclosure, in a way that was consistent with the service’s procedures and legislative requirements. Staff demonstrated an understanding of open disclosure, and how they would apply it into practice.

The complaints and feedback register, and continuous improvement plan demonstrated feedback and complaints were reviewed, and used to improve the quality of care and services. For example, improvements were made to meat quality and consistency, with consumers confirming the quality of meat had significantly improved.

# Standard 7

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| Human resources | | Compliant |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

## Findings

Consumers confirmed they received care and services from staff who were knowledgeable, capable and caring, and felt confident the workforce was appropriately staffed. Consumers and representatives reflected staff were busy, however, there was no impact to the delivery of care and services. Consumers said, and call bell reports confirmed staff responded to consumers’ call bells in a timely manner, indicating the workforce was staffed to meet consumers’ needs. Management feedback and staff rosters demonstrated the workforce was appropriately planned to meet the diverse needs of consumes, and enabled the delivery of safe, quality care and services.

Overall, consumers and representatives said staff treated them in a kind, gentle, and caring manner. Management explained policies and procedures were available to guide staff in providing care and services in a respectful, person-centred manner. Staff were observed to be familiar with consumers individual needs and identity, and interacting with consumers in a caring and gentle way, consistent with consumer feedback.

Management explained they ensured the workforce was competent, and had the right qualifications and knowledge to effectively perform their role through documented structures and processes, such as: pairing new staff with an experienced staff member, a 6 month probation period, training and feedback. Position descriptions outlined key responsibilities, and required qualifications and registrations, and human resource documentation confirmed qualifications and registrations were tracked and monitored, such as national disability insurance scheme (NDIS) worker checks.

Management explained the workforce was trained and equipped to deliver the outcomes required by these standards through annual mandatory training, non-mandatory training, policies and procedures, induction training, and other training as needed. Staff said, and training records confirmed staff were provided training and support to deliver outcomes required by these standards.

Overall, the service demonstrated review and monitoring of staff performance was undertaken on a regular basis. A small portion of performance appraisals were overdue, however, the service had identified this gap and implemented actions to address this prior to the site audit.

# Standard 8

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| Organisational governance | | Compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

## Findings

Consumers considered the service was well run, and their input was used in the development and delivery of care and services. The service demonstrated consumers were engaged in the delivery and evaluation of care and services through various ways, such as meetings, committees, direct feedback to staff, and surveys. Documentation such as meeting minutes, and the continuous improvement plan confirmed consumer feedback and suggestions were used to improve services that were fit for consumers needs and preferences.

The organisation’s governing body demonstrated it was accountable for the delivery of safe, inclusive, quality care and services through clear reporting lines and areas of responsibility, reviewing and sharing reports, tracking clinical indicators and consumer survey results, and monthly internal audits. The board demonstrated it clearly communicated and maintained oversight over service through monthly meetings, emails, and memorandums.

Observations, staff feedback, reports, policies and procedures demonstrated the service had effective organisation wide governance systems relating to: information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints.

The organisational risk management framework included policies outlining how high impact, or high prevalence risks associated with the care of the consumers were managed. The Serious Incident Response Scheme register, care plans, feedback and complaints documentation, demonstrated staff applied risk management policies into daily practice, indicative of an effective risk management framework.

Consumer and representative feedback, care plans, progress notes, incident reports, notifications, and policies demonstrated the service had an effective clinical governance framework to ensure safe, quality clinical care, including but not limited to: antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff demonstrated knowledge of antimicrobial resistance, minimising restraint, and open disclosure by describing in practical terms how they would incorporate these factors into the delivery of care and services.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)